

00862.021919



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: D. Dang
Tomoyuki MIYASHITA)	
	:	Group Art Unit: 2621
Application No.: 09/587,906)	
	:	
Filed: June 6, 2000)	
	:	
For: IMAGE PROCESSING)	August 17, 2004
APPARATUS AND METHOD	:	

RECEIVED

AUG 24 2004

Technology Center 2600

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated May 19, 2004, please amend the application as indicated below.



41

In re Application of:

Docket No.: 00862.021919

Tomoyuki MIYASHITA

Application No.: 09/587,906

Examiner: D. Dang

Filed: June 6, 2000

Group Art Unit: 2621

For: IMAGE PROCESSING
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Date: August 17, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**RECEIVED**

AUG 24 2004

Technology Center 2600

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☐ Additional fee is required.

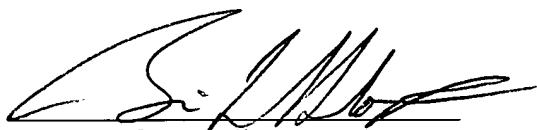
The fee has been calculated as shown below

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	13	MINUS	24	= 0	x \$9 \$18	\$ 0.00
INDEP. CLAIMS	6	MINUS	12	= 0	x \$40 \$84	\$ 0.00
Fee for Multiple Dependent claims \$135°/\$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 0.00

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.☐ A check in the amount of \$_____ is enclosed.☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant
Brian L. Klock
Registration No. 36,570

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